

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 138
Registered No. 43

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Henry Lee Allen (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. ✓ 4. Twin, triplet or other. ✓ 6. Legitimate? yes 7. Date of birth March 4, 1929
Month Day Year

<p>8. FATHER</p> <p>Full name <u>James Allen</u></p> <p>9. Residence (Usual place of abode) <u>Globe, Arizona</u></p> <p>If non-resident, give place and state.</p> <p>10. Color or race <u>white</u></p> <p>11. Age at last birthday <u>31</u> (Years)</p> <p>12. Birthplace (city or place) <u>Mule Creek</u></p> <p>(State or country) <u>New Mexico</u></p> <p>13. Occupation <u>Laborer</u></p> <p>Nature of Industry</p>		<p>14. MOTHER</p> <p>Full maiden name <u>Eloise Aker</u></p> <p>15. Residence (Usual place of abode) <u>Globe, Arizona</u></p> <p>If non-resident, give place and state.</p> <p>16. Color or race <u>white</u></p> <p>17. Age at last birthday <u>23</u> (Years)</p> <p>18. Birthplace (city or place) <u>Powhatan</u></p> <p>(State or country) <u>West Virginia</u></p> <p>19. Occupation <u>Housewife</u></p> <p>Nature of Industry</p>	
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20. Number of children of this mother Two (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living Two
(b) Born alive but now dead None
(c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum? yes

after
I hereby certify that I attended the birth of this child, who was born alive at 7:10 A. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from _____ Address Globe, Arizona
Month, day, year _____
Registrar _____
Filed 4/8, 1929 U. S. E. Wightman Registrar

815-304-519